

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098790

1. Entity Name

PIERRE'S STEAKHOUSE, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90030 030 ***550.00

Principal Place of Business

801 N. JOHN YOUNGE PARKWAY
 ORLANDO FL 32804

Mailing Address

801 N. JOHN YOUNGE PARKWAY
 ORLANDO FL 32804

00107061



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3480692

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERRE, GERALD P M.D.
 801 NORTH JOHN YOUNGE PARKWAY
 ORLANDO FL 32804

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
 NAME PIERRE, GERALD P
 STREET ADDRESS 200 SOUTH FRENCH AVENUE
 CITY-ST-ZIP SANFORD FL 32771

TITLE PD ☒ Change ☐ Addition
 NAME GERALD PIERRE, GERALD P
 STREET ADDRESS P.O. Box 540323
 CITY-ST-ZIP ORLANDO, FL 32854

TITLE PD ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
 NAME PIERRE, GERALD P
 STREET ADDRESS 801 North John Young Parkway
 CITY-ST-ZIP ORLANDO, FL 32804

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

Date

(407)
 293 96 96

Daytime Phone #

CR2E034 (5/00)